



Rock/Walworth Comprehensive Family Services, INC.  
Head Start/Early Head Start Application Packet  
**Program Year: 25 - 26**

Welcome to our Head Start/Early Head Start Program, thank you for your interest in our services. We are a complete early childhood education/family program providing a positive environment and developmentally appropriate school readiness experiences.

Placement is based on the needs of a child/family, we are not a first come, first served program. Proof of income and interview are required as part of the application process.

**Completing the application packet is not a guarantee of placement.**

**WE ARE AN INCOME BASED PROGRAM AND WILL NEED YOUR 2024 INCOME:**

If you *currently* receive **ONE** of the following, we will need verification.

Example: award letter or current statement.

► SSI ► W2 Cash Assistance ► Food Stamps/Food Share ► Foster Care/ Kinship Care

If none of these apply to you, please send a copy of all incomes below that apply:

- 2024 Tax Return • 2024 W2 Employer Statement(s) • SSDI • Caretaker's Supplement
- 2024 Child Support received for all children in the home • Unemployment
- Earnings statement from the employer • Written statement for cash earnings

**If none of these apply to you, please contact the enrollment office.**

**APPLICATION CHECKLIST**

	Application-done in pen, signed/dated
	Interview – done by staff in person or by phone
	Proof of earnings - 2024
	Current Physical and Dental Exam (for children ages 1 and up)
	4K/P4J School District Paperwork - Beloit & Janesville only (4 on or before September 1 <sup>st</sup> )

Please allow up to 30 days for processing the application. Incomplete apps. are not considered for placement. Placement for fall begins in July. Please reach out to us with updated contact information.

**We cannot serve your child if we can't find you!**

If you have any questions or need help with anything, please call/email us:

**Bri O'Brien**

[bobrien@cfsheadstart.org](mailto:bobrien@cfsheadstart.org)

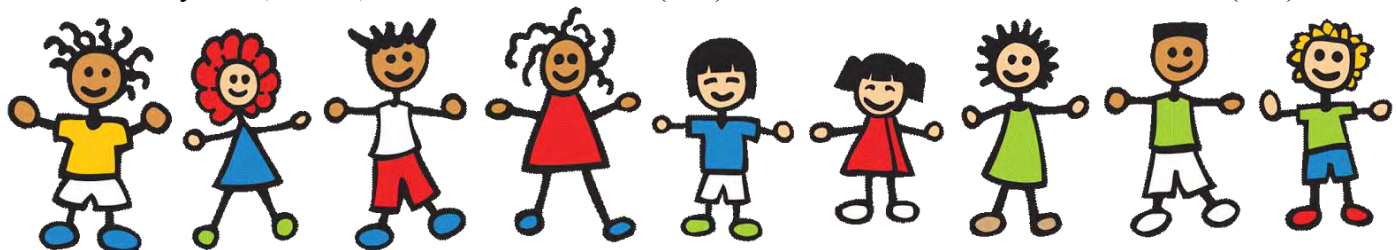
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APPLICATION FOR HS/EHS PLACEMENT: PROGRAM YEAR 25-26  
THE APPLICATION MUST BE COMPLETED/SIGNED BY THE LEGAL PARENT(S)/GUARDIAN  
PEN ONLY PLEASE

**Child's Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ ☐Female ☐Male

**1. CHILD'S RACIAL/ETHNIC BACKGROUND (Check all that apply):**

- ☐ White ☐ American Indian/Alaska Native ☐ Other: \_\_\_\_\_  
☐ Black/African American ☐ Native Hawaiian/ Other Pacific Islander  
☐ Hispanic ☐ Asian

Child's Primary Language: ☐ English ☐ Spanish ☐ American Sign Language ☐ Other: \_\_\_\_\_

Child's Secondary Language: ☐ English ☐ Spanish ☐ American Sign Language ☐ Other: \_\_\_\_\_

Primary Language at Home: ☐ English ☐ Spanish ☐ American Sign Language ☐ Other: \_\_\_\_\_

Home Address: \_\_\_\_\_

Street Apt/Lot# City Zip County State

Mailing Address (if different): \_\_\_\_\_

**2. CHILD LIVES PRIMARILY WITH: (Check all that apply)**

- ☐ Both Parents/Same House ☐ Mother ☐ Father ☐ Legal Stepparent ☐ Legal Guardian ☐ Foster Parent  
☐ Parent's Significant Other ☐ Grandparent(s) ☐ Other: \_\_\_\_\_

☐ One parent is away on military duty ☐ Parent is Pregnant

**3. WHAT IS YOUR CURRENT LIVING ARRANGEMENT?**

- ☐ Rent ☐ Own ☐ Living with family/friends long term ☐ Foster Home  
☐ Homeless: this means that you are staying in a car, park, hotel, emergency shelter, staying on the street, transitional housing, or are living with family member/friend short term (please circle which one).

**4. PRIMARY PARENT/ LEGAL GUARDIAN #1**

**NAME:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**RACE/ETHNICITY:** \_\_\_\_\_ ☐ HISPANIC

**RELATIONSHIP/ STATUS:** ☐ Birth Mom ☐ Birth Dad ☐ Legal Stepparent ☐ Adoptive ☐ Foster ☐ Guardian  
☐ Other: \_\_\_\_\_ **Custody:** ☐ Yes ☐ No ☐ Shared ☐ Single ☐ Married ☐ Divorced ☐ Separated

Primary Phone: \_\_\_\_\_ H C W Text Message: ☐ Yes ☐ No

Address if different than family's: \_\_\_\_\_

Email Address: \_\_\_\_\_

Completed Elementary School: ☐ Yes ☐ No Highest grade completed if you did not graduate: \_\_\_\_\_

Did you receive (mark all that apply): ☐ High School Diploma ☐ HSED/GED ☐ Some College/College Degree ☐ None

Do you work for HeadStart or a Community Partner? ☐ Yes ☐ No

**5. PRIMARY PARENT/ LEGAL GUARDIAN #2**

NAME: \_\_\_\_\_

DOB: \_\_\_\_\_

RACE/ETHNICITY: \_\_\_\_\_

☐ HISPANIC

RELATIONSHIP/ STATUS: ☐ Birth Mom ☐ Birth Dad ☐ Legal Stepparent ☐ Adoptive ☐ Foster ☐ Guardian

☐ Other: \_\_\_\_\_ Custody: ☐ Yes ☐ No ☐ Shared ☐ Single ☐ Married ☐ Divorced ☐ Separated

Primary Phone: \_\_\_\_\_ H C W

Text Message: ☐ Yes ☐ No

Address if different than family's: \_\_\_\_\_

Email Address: \_\_\_\_\_

Completed Elementary School: ☐ Yes ☐ No Highest grade completed if you did not graduate: \_\_\_\_\_

Did you receive (mark all that apply): ☐ High School Diploma ☐ HSED/GED ☐ Some College/College Degree ☐ None

Do you work for HeadStart or a Community Partner? ☐ Yes ☐ No

**6. IS YOUR CHILD CURRENTLY IN?**

☐ Birth-3 ☐ Early Childhood/Special Education ☐ Autism Services (WEAP, Caravel, etc.) ☐ Early Head Start

☐ Other home visitation program: ☐ Childcare/day care center ☐ 3K Program ☐ None

Was your child on the waitlist last year? ☐ Yes ☐ No If yes, what State/County? \_\_\_\_\_

**7. DOES YOUR CHILD CURRENTLY HAVE?**

☐ No

☐ Individual Family Service Plan (IFSP)

☐ Individual Education Plan (IEP)

What services are they receiving: (check all that apply)

What services are they receiving:

☐ Speech/Language ☐ Birth-3 Services

☐ Speech/Language ☐ Early Childhood

☐ Occupational Therapy ☐ Physical Therapy

☐ Occupational Therapy ☐ Physical Therapy

☐ Other: \_\_\_\_\_

☐ Other: \_\_\_\_\_

**8. ARE YOU CONCERNED ABOUT ANY OF THE FOLLOWING FOR YOUR CHILD?**

☐ Learning ☐ Speech/Language ☐ Physical ☐ Health ☐ Vision ☐ Hearing ☐ Interacting in a group setting

**9. DO YOU HAVE ANY OF THE FOLLOWING FAMILY CONCERNS?**

☐ Reading

☐ Writing

☐ Parent has/had an IEP

☐ Continuing Education

☐ Transportation

☐ Parent has a chronic/terminal illness

☐ Mental Health

☐ Not enough food in the home

☐ Housing Instability

☐ House Fire

☐ Frequent Moves (2+ a yr.)

☐ Immigration Concerns

☐ Unemployed / Not enough hours

☐ Alcohol / Drug use

☐ Legal Concerns

☐ One parent is incarcerated

☐ Both parents are incarcerated

☐ One or both parents are deceased

☐ Currently employed and in need of childcare ☐ Other: \_\_\_\_\_ ☐ None

**10. HOW DID YOU FIND OUT ABOUT US? (choose one)**

☐ Day Care

☐ Birth-3

☐ School Staff

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Early Head Start/ Head Start                 | <input type="checkbox"/> Job Center Rock/Walworth Co  | <input type="checkbox"/> Doctor                        |
| <input type="checkbox"/> Social Media/Internet                        | <input type="checkbox"/> Counselor                    | <input type="checkbox"/> Children's WI Resource Center |
| <input type="checkbox"/> Friend/Family                                | <input type="checkbox"/> Community Health Program/WIV | <input type="checkbox"/> Autism Service Provider       |
| <input type="checkbox"/> Billboard <input type="checkbox"/> Yard Sign | <input type="checkbox"/> Health & Human Services      | <input type="checkbox"/> Domestic Violence Shelter     |

<b>11. DOES THE FAMILY CURRENTLY RECEIVE ANY OF THE FOLLOWING: (check all that apply)</b>
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- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Foster/Kinship Care                | <input type="checkbox"/> Health Insurance (State/Private)   | <input type="checkbox"/> Child Support (any child in home)                  |
| <input type="checkbox"/> Supplemental Security Income (SSI) | <input type="checkbox"/> Caretaker Supplement               | <input type="checkbox"/> Survivor Benefit <input type="checkbox"/> WIC      |
| <input type="checkbox"/> W2/ Cash Assistance                | <input type="checkbox"/> Social Security/ Disability (SSDI) | <input type="checkbox"/> Energy Assistance                                  |
| <input type="checkbox"/> Food Share/Food Stamps/ SNAP       | <input type="checkbox"/> Rental Assistance (Section 8)      | <input type="checkbox"/> Childcare Assistance <input type="checkbox"/> None |

<b>12. ADDITIONAL CONTACT PERSON(S) IN CASE WE CANNOT REACH YOU:</b>
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- |          |                       |       |
|----------|-----------------------|-------|
| 1. _____ | _____                 | _____ |
| Name     | Relationship to child | Phone |
| 2. _____ | _____                 | _____ |
| Name     | Relationship to child | Phone |

<b>13. LIST CHILD'S SIBLINGS CURRENTLY LIVING IN THE HOME:</b>
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- |          |   |            |
|----------|---|------------|
| 1. _____ | <input type="checkbox"/> Male <input type="checkbox"/> Female | DOB: _____ |
| 2. _____ | <input type="checkbox"/> Male <input type="checkbox"/> Female | DOB: _____ |
| 3. _____ | <input type="checkbox"/> Male <input type="checkbox"/> Female | DOB: _____ |
| 4. _____ | <input type="checkbox"/> Male <input type="checkbox"/> Female | DOB: _____ |
| 5. _____ | <input type="checkbox"/> Male <input type="checkbox"/> Female | DOB: _____ |

**PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING:**  
**Application will not be considered complete without proof of income.**

Family income is the income of the biological parent(s) or guardian(s) living in the household. For enrollment purposes, I understand that RWCFS Head Start/Early Head Start may need to coordinate programming with my local school district, WI Shot Registry, other home visitation programs, and/or daycare providers for transportation, placement, 4K registration, and scheduling. By signing this application, I verify that I am the parent/legal guardian of this child and that the information provided is current and complete to the best of my knowledge. I further understand that if I knowingly provide false information, that my family may no longer be eligible for further services.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Non-discriminatory Clause: RWCFS HS&EHS policy is not to discriminate based on race, sex, age, color, national origin, religion, or disabilities in the provision of services and employment.**

**FOR OFFICE USE ONLY:**

**Interview:** ☐ In-Person ☐ Phone **Staff Initials:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Interview completed with:** \_\_\_\_\_

**Application:** ☐ New ☐ Transition ☐ 3<sup>rd</sup> Year

**Documents Received:** ☐ Income - Proof of eligibility provided: \_\_\_\_\_  
☐ Health History ☐ Immunizations ☐ Transportation Form

INCOME POINTS:	TOTAL POINTS:	DATA ENTERED BY:	REVIEWED BY:

**Notes:**